2014-15 Dependent Support Form

Student’s Name: ___________________________ ID# ___________________________

Your status for financial aid as an Independent student is based solely upon your indication that you have children or other dependents who will receive more than half of their support from you from July 1, 2014 – June 30, 2015. Since you do not meet any of the other criteria to be considered independent, you must complete this form to demonstrate how you will provide support for your children or other dependents. If you cannot demonstrate support you will be considered a dependent student and your parent will need to complete and sign your FAFSA.

Please complete this form. **Do not leave any questions blank.** Return this form along with all requested supporting documentation to the Financial Aid Office. The Financial Aid Office will review your information and determine if it is sufficient to demonstrate support of a child or other dependent. If determined that you do not provide more than half of the support for the child/dependent below, you will be considered a dependent student and will need to update your FAFSA to include your parents’ information.

<table>
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<tr>
<th>Name of Dependent</th>
<th>Relationship to You</th>
<th>Age</th>
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1. Will the above dependent(s) receive **more than half** of his/her support from you from July 1, 2014 – June 30, 2015?

☐ Yes or ☐ No

2. Will your dependent(s) live in the same household as you July 1, 2014 – June 30, 2015?

☐ Yes or ☐ No

   a. If yes, when did the dependent(s) start living with you?

      Provide Date: ____________

3. Are you paying for child/daycare for your child / dependent?

☐ Yes or ☐ No

   a. If you answered yes, please provide the following:

      i. Child/daycare receipts in your name or

      ii. Statement of account with care provider in your name or

      iii. Document dependent(s) care received through a state or government program.

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**Turn Over to Complete**
4. Are you providing medical coverage for your dependent(s)?
   □ Yes or □ No
   a. If yes, attach a copy of medical coverage card
   b. Answer yes if your child has Medicaid through a government program and attach a copy
      of the medical coverage card.

5. Does your dependent(s) receive any income or support on their behalf during 2013 and/or currently?
   □ Yes or □ No
   Support includes but not limited to (Attach documentation):
   □ TANF □ WIC □ SNAP □ SSI/SSA □ Income Earned from Work
   □ Child Support □ Other: _____________

Please outline how you provide basic necessities (food, clothing, diapers, personal items, etc.) for your dependent(s). Be specific and detailed! Attach another sheet if necessary.

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
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_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Certification – Read carefully before you sign.
I hereby certify that all information contained in this document,
including the documentation is true and complete.

Student’s Signature _______________________________________ Date _____________________